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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Bangladesh

SUMMARY

The Executive Director recommends that the Executive Board approve the country programme of Bangladesh for the period 1996 to 2000 in the amount of $87,500,000 from general resources, subject to the availability of funds, and $162,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Many of the world's persistent and pervasive problems find their most extreme expression in Bangladesh: abject poverty, overpopulation, underemployment and unemployment, rapid unplanned urbanization, fragile governance, centralized management, natural disasters and environmental deterioration. Of added importance for children and women are the problems of gender discrimination, premature mortality, widespread illiteracy, early malnutrition and infectious diseases. These problems do not occur in isolation, but are linked together in a chain of recurring causes and effects. For the 118 million people of Bangladesh, particularly the 75 per cent who are women and children, survival, development, protection and participation are enormous challenges.

2. Survival continues to preoccupy both state and civil society despite the enormous gains which have been made. Even before they are born, children in Bangladesh are caught in a web of deprivation. Except for tetanus toxoid injections, now available to a majority of women, only one fourth of the women of Bangladesh receive any form of prenatal care. Fewer than 10 per cent of rural births and only 37 per cent of urban births are assisted by trained birth attendants. Maternal malnutrition, infections during pregnancy, anaemia and repeated pregnancies all contribute to low-birth-weight babies and frequent maternal deaths. Bangladesh's maternal mortality rate (MMR), currently 450 per 100,000 live births, is one of the highest in the world, which means that women have a 1 in 30 lifetime chance of dying in childbirth. The infant mortality rate (IMR) is 84 per 1,000 live births and the under-five mortality rate (U5MR) is 144 per 1,000 live births (down from 154 in 1988). The average life expectancy is 56.5 years for males and 55.7 years for females, making Bangladesh one of the few countries in the world with an adverse sex ratio in this area.

3. While vaccine-preventable diseases have shown a dramatic decline, diarrhoea and pneumonia continue to cause around 170,000 child deaths each year. Micronutrient malnutrition persists despite the initiation of universal salt iodation, vitamin A supplementation and other initiatives. Frequent natural disasters cause extensive loss of life and undermine sustainable development, although the 1991 cyclone caused remarkably few deaths, partly because of better disaster preparedness.

4. Although in 1993 Bangladesh ranked 146 out of 173 countries on the United Nations Development Programme (UNDP) Human Development Index, the country none the less is a resilient innovator. Coverage of the expanded programme on immunization (EPI) rose from 2 per cent in 1985 to more than 70 per cent in 1994. Deaths from neonatal tetanus have decreased from 150,000 to fewer than 75,000 per year. In the country that pioneered it, 93 per cent of the population are aware of oral rehydration therapy (ORT) and more than 60 per cent actually use it. The contraceptive prevalence rate has increased from 2 per cent almost 20 years ago to 45 per cent. Over 96 per cent of the people now have access to safe drinking water, compared to 38 per cent in 1980, and 88 per cent live within 150 metres of a water source, making this perhaps one of the most successful drinking water programmes in the developing world. But this success is clouded by the fact that sanitation coverage continues to be low, at 34 per cent. Educational innovations pioneered in Bangladesh, such as the community-based, non-formal schools of the Bangladesh Rural Advancement Committee (BRAC) and the Government's Integrated Non-Formal Education Programme (INFEP), are known the world over. Non-governmental organizations (NGOs) are involved extensively in all social sector programmes. Despite these successes, however, one glaring failure remains: 68 per cent of children are malnourished, a statistic that is significantly worse than could be expected for Bangladesh's per capita gross national product (GNP) of $220. In 1990, Bangladesh ranked lowest among 97 developing countries in relation to malnutrition prevalence as compared to GNP.

5. Development needs in Bangladesh range from the demographic and economic to the social and political. A top challenge continues to be the rising population. Even under the best scenario, the population will double by the year 2025, with far-reaching consequences for survival, urbanization, migration, employment creation and landlessness. Although the family planning programme has been an outstanding success, with a contraceptive prevalence rate of 44 per cent in 1994, there are signs that the contraceptive rate has reached a plateau. Therefore, the emphasis must shift from the mere provision of family planning supplies to a more broad-based programme of fertility reduction through social development which address both direct and indirect fertility determinants, including the reduction of IMR and U5MR.

6. Economically, the Government has begun to reform public management and liberalize trade and investment. Even with significant increases in economic growth and stability, poverty trends have not been very positive; 48 per cent of the rural and 44 per cent of the urban population continue to live below the poverty line, which is based on the consumption of fewer than 2,122 calories per day as defined by the Government. Some 29 per cent of the rural population and 21 per cent of the urban population are very poor, with a daily consumption of fewer than 1,805 calories. While rural poverty has declined somewhat, urban poverty has risen along with the urban growth rate which, at 6 per cent per year over three decades, is among the highest in the world. If current trends continue, it is projected that the number of urban poor will increase to 15 million by the year 2000, up from 7 million in 1985. While Bangladesh has increased the proportion of domestic spending on social priorities from 11 per cent in 1990 to 25 per cent in 1994, only 13.5 per cent of official bilateral assistance goes to these social priorities. Even if Bangladesh were to double its GNP in the next seven years, per capita GNP would only be about $400. Clearly, social development cannot wait for economic development, and Bangladesh is demonstrating that this need not be the case.

7. Although Bangladesh is primarily an agrarian country, industrial and service sector development in the next century will require a labour force that is literate, skilled, adaptable and creative. According to the 1991 census, 26 per cent of the adult female population and 44 per cent of the adult male population are literate. The 1994 State of the World's Children report states that female literacy is 47 per cent of male literacy, while in the developing world as a whole it is 76 per cent. At 81 per cent, primary school enrolment rates are high, having increased from 22 per cent in 1990, but of the 17 million primary-school-age children, fewer than 8 million complete the full five-year primary education cycle. Attendance is 64 per cent, with more girls attending school than boys. Teaching is largely by rote, teachers and teaching materials are lacking in quantity and quality, and classrooms are too few and in disrepair. There are 81 primary-school-age children per teacher. Non-formal education outside the government structure has been successful in rural areas, but less so in urban areas, where about 2 million children between 6 and 10 years of age have no access to education. However, gender disparity in primary school enrolment has virtually disappeared, improving from a 34/66 ratio in 1980 to 49.5/50.5 in 1994.

8. Protection, especially of women and children, continues to pose a major challenge. The Bangladesh Constitution guarantees equal rights to men and women, but the realization of these rights falters in the face of customary practice. Despite the Dowry Prohibition Act (1980) and a Cruelty to Women Act (1983), there has been no decrease in dowry-related deaths or violence against women. Although the mean age at marriage is rising, almost one half of all Bangladesh girls are married before the age of 18 years, leading to earlier and more frequent pregnancies. Women consume 18 per cent fewer calories than men and the majority of women are overworked, underfed, illiterate and in poor health. Female children fare less well than male children with regard to health

care, hospital admission and food distribution within the household. Yet nationally, 10 per cent of households are now headed by women. Up to one third of babies are born with low birth weight, a telling indicator of women's health and, in Bangladesh, a sensitive predictor of children's chances for survival.

9. Participation, from household to House of Parliament, is being realized in different ways in Bangladesh, a country which held its first parliamentary election in 1991. None the less, the gulf between the élite and the rural poor does not seem to be narrowing. Women's limited involvement in politics and decision-making at all levels reduces their participation in and impact on development processes. For children, the notion of participation has been limited primarily to their access to education.

10. The Government increasingly is recognizing and encouraging participation by the private sector and NGOs in economic and social development efforts, and is committed to stimulating such private sector initiatives as the production and marketing of water pumps, sanitary latrines, oral rehydration salts (ORS), salt iodation plants and iodated salt. The Government has begun to recognize the vital importance of decentralizing decision-making and of paying more attention to local needs.

PROGRAMME COOPERATION, 1993-1995

11. The period 1993-1995 was an interim programme cycle so that UNICEF could synchronize its programming cycle with that of the Government, UNDP and the United Nations Population Fund (UNFPA). The objectives of the programme were guided by policy objectives of the Government's five-year plan and the UNICEF medium-term plan concerning poverty alleviation, universal primary education, acceleration of the reduction of infant, child and maternal mortality and the slowing of population growth through improvements in the well-being of children and their mothers.

12. Of the Government's 12 mid-decade goals for children, those for water supply (97 per cent) and sanitation (35 per cent) already have been achieved, and nine more almost certainly will be achieved before the end of 1995: universal child immunization; elimination of neonatal tetanus; reduction of morbidity and mortality due to measles; elimination of polio; universal salt iodation; certification of 100 hospitals as "baby-friendly"; an 80 per cent ORT use rate; 80 per cent vitamin A coverage; and 80 per cent primary school enrolment. Achievement of the malnutrition reduction goal is still in doubt, although new efforts have been launched. While no targets have been set for the regulation of and progress towards the elimination of child labour, this too is an area where encouraging progress has been made.

Health and nutrition

13. This programme, which addressed the major causes of child and maternal mortality, morbidity and malnutrition, received supplementary funds from the Canadian International Development Agency (CIDA), the Overseas Development Administration (ODA) of the United Kingdom, the Swedish International Development Authority (SIDA), the Netherlands Directorate-General for International Cooperation, the Australian International Development Aid Bureau (AIDAB) and the National Committees for UNICEF of Canada, Japan, New Zealand, Switzerland and the United States. Given the country's high immunization coverage levels, the programme emphasized sustaining and expanding coverage to those living in hard-to-reach areas. Using 108,000 existing outreach sites which make 16 million annual contacts with children and mothers, the health delivery package known as EPI-Plus provided three services each to 7 million children up to two years of age (vitamin A supplements, breast-feeding promotion and diarrhoea management) and three services each for 4 million pregnant women

(family planning information, iron-folic supplementation and prenatal care). Widespread use of four EPI-Plus measures alone (measles and tetanus vaccinations and the provision of vitamin A and ORS prevented an estimated 100,000 infant deaths annually. UNICEF provided over 52 million doses of vaccines and related cold-chain equipment each year. Programme communication efforts helped to increase the ORT usage rate to 60 per cent in 1994. At the subdistrict level, an additional 206 ORT "corners" were established in government health facilities. By mid-1994, 1,160 doctors and more than 18,000 basic health workers (60 per cent) were trained in diarrhoea case management. In addition, district coordinators for the control of diarrhoeal diseases were appointed in all 64 districts of the country, and 25,000 Boy Scouts and Girl Guides were mobilized to spread the message about ORT. At the same time, 3,000 health workers (10 per cent) were trained in case management for acute respiratory infections (ARI) and essential drugs were provided.

14. All 265 salt manufacturing units in the country have been provided with salt iodation equipment. A multi-media communication package is now ready to promote the use of iodated salt, which almost all 20 million households in the country should be using by the end of 1995. This programme received supplementary funds from CIDA and ODA. With the World Bank, UNICEF designed the community-based Bangladesh Integrated Nutrition Project to cover 400,000 children and 500,000 pregnant and lactating mothers. Testing of growth monitoring and nutrition education systems, as well as targeted supplementation, were initiated to prevent malnutrition in very young children. The training of trainers and assessors has been completed, and by the end of 1994, 17 out of 100 medical facilities had been certified as "baby-friendly", with many more facilities awaiting certification. The Campaign for the Protection and Promotion of Breast-feeding aims to increase the low prevalence (25 per cent) of exclusive breast-feeding.

Water supply and sanitation

15. With supplementary funding from the Danish International Development Agency, the Swiss Development Corporation, the United Nations Capital Development Corporation, AIDAB, ODA and the National Committees of Canada and Japan, 19,000 pumps and 200,000 latrines were provided during the period 1993-1994. Communities were more involved in installing, managing and maintaining tube-wells. Subsidies for installation are being reduced and users now pay for spare parts. A major new challenge is to rehabilitate tube-wells affected by the declining water-table. Increased access to sanitary latrines, which now cover 34 per cent of the population, is due largely to the use of home-made "do-it-yourself" pit latrines. Sanitation promotion efforts involved a range of affordable latrine technologies which reached more than 17 million people. In two years, about 120,000 "change agents" were trained to motivate communities to improve hygiene practices, and 45,000 tube-well caretakers were trained, more than one third of whom were women.

Education

16. The education sector accounts for the single largest share of the Annual Development Plan, reflecting the Government's serious commitment to achieve the Education for All (EFA) goals. New ways of keeping children in school included a government-funded "food for education" programme in over 12,000 schools. A new learning achievement test (Assessment of Basic Competencies or "ABC"), developed with UNICEF support, has shown a significant improvement in teaching and learning, although with achievement levels of 39 per cent, quality still remains low.

17. UNICEF assistance helped to build institutional capacity at all levels, i.e., to improve the quality of supervision and teaching, particularly by introducing participatory approaches; to develop more relevant and effective

curricula, textbooks, teaching aids and teaching methods; and to support the development and production of textbooks and teachers' guides. Intersectoral linkages, especially with water supply and sanitation programmes, have enriched the curriculum and contributed to increasing the enrolment of girls. Advocacy and social mobilization have been effective in raising public awareness of educational goals and opportunities. To reach 7 million drop-outs and 4 million children and young adolescents who had never enrolled in school, assistance has been extended through INFEP to 30,000 non-formal primary education centres (NFPE) run by some 150 NGOs including BRAC and Gano Shikha Sangatha (GSS). Early childhood education efforts include school preparedness programmes and basic education for children 6-10 and 11-14 years old, tailored to their specific needs and situations. The NGO programme was supported with supplementary funds from CIDA, SIDA, the Norwegian Agency for International Development (NORAD) and the National Committees of Germany, Italy, Japan, the Netherlands and the United Kingdom.

Urban basic services

18. The slum improvement project covered 36,000 families in 200 project sites spread over 25 municipal towns and metropolitan areas. The project supported the development of physical infrastructure, provided credit to more than 8,000 hard-core poor women and offered health and nutrition education. Over 80 health workers and community organizers were trained to provide basic health, sanitation, water and credit-related education and services. In 1994, a few schools for slum children were established in order to gain experience. While impressive progress has been made, after eight years of operation the project has reached fewer than 4 per cent of very poor families and fewer than 2 per cent of urban poor households.

Children in especially difficult circumstances

19. The programme maintained its focus on providing services to street children, while moving simultaneously into new areas of intervention. UNICEF supported the Ministry of Social Services and community-based NGOs in their attempts to meet the needs of approximately 10,000 street children in 15 locations within four major urban centres. Ten drop-in centres were established to test models of cooperation between communities, the Government and NGOs. To develop a database on child labour, a rapid assessment was conducted in partnership with the International Labour Organisation. UNICEF continued to play a facilitating role between the Bangladesh Shishu Adhikar Forum (a coalition of children's rights NGOs) and the Government, helping the Government to prepare a draft country report for the Committee on the Rights of the Child.

Chittagong Hill Tracts

20. As part of a strategy to reduce disparities, the programme for the Chittagong Hill Tracts was expanded from 50 to 75 moujas (multi-village areas). A house-to-house survey identified 16,000 poor tribal families. Of the 50 planned mouja community centres, 25 were under construction in 1994. Each community centre is used for group meetings, non-formal education and nutrition education sessions and also functions as an office and warehouse. Over 60 people received training in leadership and as health workers, birth attendants, and pre-school teachers. Group members received skills training in various relevant areas. UNICEF is the only United Nations agency working in this hilly region, where 50 per cent of the population consists of 14 tribal groups, health infrastructures are not well developed and access to basic services is limited. After eight years of operation, the project covers only 16 per cent of tribal families and 8 per cent of the total households in the area.

Information, advocacy, and social mobilization

21. Efforts are being made to strengthen the capacity of the social communication sector. UNICEF initiated work with several communication and social research agencies in developing more professional communication packages for information and motivation purposes. The "Meena" animation series on girl children, originally conceived in Bangladesh, has become a new symbol for the rights of girls and women in South Asia, with NORAD providing funds for some episodes. Advocacy activities included outreach to the media, the Government, NGOs, service clubs and opinion leaders. Several training sessions for journalists focused on better coverage of child-related topics. Social mobilization efforts have created effective cooperation with a wide range of organizations, including religious and women's groups and service clubs. Participatory planning methodologies involving all government agencies and NGOs have played an important role in developing new partnerships and approaches.

Women in development

22. The programme provided support to the Government's plans to reach girls and initiate gender planning and awareness training as part of regional efforts. It also supported training programmes for 60,000 leaders of landless women's groups in banking, credit management, group dynamics, community participation and life skills. UNICEF continued to work closely with the Grameen Bank and other agencies to improve the economic productivity, independence and status of women and supported over 100 small, local women's NGOs working in related fields. This was made possible with supplementary funding from NORAD and the National Committees of Belgium and New Zealand.

Monitoring and planning

23. The Bangladesh Bureau of Statistics and UNICEF developed, tested and implemented a rapid assessment methodology for monitoring annual progress towards the mid-decade goals. Drawing on the experience of EPI cluster survey methodology, the Multiple Indicator Survey (MIS) collects district-level data on over 22 indicators at a cost of less than $800 per district. Over 400 investigators and social scientists from the Government, the private sector, NGOs and academic institutions were trained in this methodology. The survey process was computerized using the Survey Analysis System, a locally developed software package. The results of the annual survey were disseminated through a Bureau of Statistics publication, Progotir Pathey ("On the Road to Progress"), which has become a valuable source of subnational data.

24. The data from MIS are used to develop district situation analyses, disseminated in "Kamona", a publication which serves as an important advocacy tool and which is used frequently identify district disparities and to prepare district plans of action. Based on a set of indicators, each district is classified according to its achievement towards reaching the goals. To use the data for planning for children, the country office has developed the District Integrated Database (DISIDE). This computer package uses MIS data together with such other data sources as the national census, the Demographic and Health Survey and the Contraceptive Prevalence Survey to help develop district plans of action for achieving the decade goals. DISIDE helps the Government to refine the National Programme of Action (NPA) for Children, based on the progress of subnational programmes of action for children. DISIDE also supports the monitoring of goals and presentation of data for advocacy purposes. The Bureau of Statistics is working with UNICEF to establish the use of DISIDE at subnational levels.

25. Each year, UNICEF staff in Bangladesh make over 5,000 field trips to various parts of the country for purposes of advocacy, monitoring of programme progress and facilitating programme implementation. To make optimal use of

those field visits, checklists have been designed to alert staff members to the types of information to look for when visiting a health complex, market, pharmaceutical shop, salt iodation plant, school and other sites. The information can be computerized and stored for analysis and monitoring of trends by using the field visit-based information database, referred to as "FIND". This method provides valuable data which can be used for making programme adjustments or for improving supervisory support at local levels.

26. The results and recommendations from the more than 50 studies and evaluations commissioned during 1993 and 1994 have contributed significantly to the lessons learned and thus have influenced the strategy formulation and programme design of the proposed country programme of cooperation.

Lessons learned

27. The outstanding success of EPI in Bangladesh offers important lessons for future programmes. These include the value of sharp targeting on a small, manageable cohort; of involving key organizations in planning and delivery; and of encouraging people to believe that seemingly extraordinarily difficult goals can be reached on time. The availability of district-level data proved vital to the overall success and to a sharper focus on disparity reduction in districts and in terms of coverage. Data were also invaluable in efforts to advocate change and influence policy and practices at all levels. It also has become clear that improving capacity for service delivery by itself is not sufficient. Communication efforts must mobilize communities and address behavioural patterns and expectations so as to stimulate use of services and sustainability of community demand for basic services.

28. Based on the 16 million annual immunization contacts, the transition from EPI to EPI-Plus, which now includes five other activities in addition to immunization, has shown the efficacy of uniting various interventions. Extended to schools, which now offer the unique opportunity to reach large numbers of children because of increased enrolment rates, the combined delivery through a common service point of such other services as water, sanitation and health will increase coverage in a more cost-effective manner.

29. The value of involving communities at all stages of programming cannot be overemphasized. Two thirds of all tube-wells, for example, are paid for through community financing. All successful large-scale programmes in Bangladesh have depended on the empowerment of communities to articulate their needs and to plan for access to services. When information reaches the grass-roots level, communities are able to have a strong influence on project performance. Another lesson is that UNICEF does not always need to provide subsidies, and that even the poor often demonstrate the willingness and ability to pay for essential supplies and services.

30. A training methodology which uses experience or "learning by doing" has been more effective than traditional training based on more abstract approaches in changing the practices and attitudes of government and UNICEF personnel, NGOs and communities. Such training, which includes communication workshops, participatory planning and new technologies, also has opened wider possibilities for the effective dissemination of information and will be developed further.

31. As Bangladesh progresses towards national achievement of most of the mid-decade goals by 1995, disparities at the subnational level have become more evident. For example, although there is almost nationwide coverage of drinking water supply, its availability in the Chittagong Hill Tracts is only 39 per cent. Failure to reduce such disparities means that large numbers of children do not have access to services and information even when the country as a whole appears to be making dramatic progress.

32. Since the Government's ratification of the Convention on the Rights of the Child, UNICEF has promoted child rights by assisting the Government in disseminating child rights messages and devising innovative strategies for implementation and monitoring of the Convention. This area offers enormous possibilities for linking programmes for children with the Convention and for translating the articles of the Convention into reality.

33. While the involvement of mothers is vital to the welfare of children, UNICEF also has learned that insufficient involvement of fathers and other male family members has been an important omission in programmes that have failed or achieved only partial success. In the future, men must be as convinced as women of the importance of social programmes in order to ensure that the programmes' intended benefits, for example, safe motherhood and female education, are achieved.

34. Failure to reduce MMR can be attributed to the faulty design of programmes for the training of birth attendants and to the risk-screening approach without adequate provision for prompt and timely referral to secondary health care facilities. As trained birth attendants are able to treat only a small number of pregnancy complications, if there are to be further declines in IMR and MMR, UNICEF must work more closely with secondary and tertiary referral service levels. This applies equally to the reduction of infant and under-five mortality from such causes as pneumonia, diarrhoea, malaria and even some cases of malnutrition.

35. The South Asian Association for Regional Cooperation (SAARC) Resolution on Children and the Memorandum of Understanding between UNICEF and SAARC have opened new possibilities for dealing with complex issues that transcend borders, such as trafficking in children and women. Regional reviews can be based on reliable socio-economic data and can serve as forums for raising issues that can best be resolved at the regional level, and give UNICEF a new opportunity for advocacy and inter-country networking.

36. Despite its limited resources, UNICEF has a significant role to play in the formation of social development policy and programmes for children. UNICEF is able to develop initiatives and advocate policies which then can be replicated by the Government on a broader scale with assistance from other, often larger, donor agencies. UNICEF, through its advocacy and social mobilization work, also has been successful in acting as a broker between the Government, NGOs, service organizations, employers and other interested parties, bringing them together and creating alliances on such issues as child labour.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources : $ 87,500,000
Supplementary funding: $162,500,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Education	26 500	77 500	104 000
Health and nutrition	17 000	55 000	72 000
Water supply and sanitation	5 500	30 000	35 500
Monitoring, evaluation and research	2 500	-	2 500
Advocacy and planning support	5 000	-	5 000
Grameen Bank	2 500	-	2 500
Urban basic services	8 000	-	8 000
Chittagong Hill Tracts	7 500	-	7 500
Disaster preparedness	5 000	-	5 000
Programme communications	8 000	-	8 000
Total	87 500	162 500	250 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also supplementary funded projects shown in table 3.

Country programme preparation process

37. As Bangladesh steps into the twenty-first century, its children of today could be the first generation to see most of their basic needs met. Despite the enormous political, social and economic odds facing Bangladesh, the country has vastly increased its capacity to meet those needs. The prospects are encouraging for achieving all the goals for the year 2000. Reaching them will depends largely on three conditions: (a) increasing domestic and international financial resources for basic social services; (b) continuing to help Bangladesh society with new, sustainable approaches to social development; and (c) more effective implementation of local capacity-building at district and village levels and accountability to communities.

38. Employing innovative participatory methodologies, such key groups as politicians, journalists, academics, donors, bureaucrats and NGO officials were brought together to envision a future that would build on but not be limited by the achievements of the past. Together with members of the Joint Consultative Group on Policy (JCGP) in Bangladesh, UNICEF has participated in the formulation

of a common mission statement. The more general JCGP objectives for Bangladesh include: (a) promoting human security for the vulnerable in areas of employment, food security, health, family planning and basic education; (b) protecting the country's natural resources; and (c) promoting sound governance and strengthening democratic institutions. More specific JCGP objectives include: (a) ensuring access to and effective use of appropriate health services, primary education and safe water and sanitation; (b) achieving equity between men and women for all human development indicators; (c) enabling the poor, particularly women and the landless, to gain access to sustainable employment and to eliminate malnutrition especially among children; (d) reducing vulnerability to natural calamities; and (e) empowering people to participate as active and responsible members of civil society. Those goals and objectives have helped UNICEF and UNFPA to set specific achievement targets within a designated time frame.

39. The Joint Government/UNICEF Advisory Group (JGUAG) has prepared, monitored and periodically adjusted the Bangladesh country programme. JGUAC assumed the primary coordinating role in the planning process, beginning with the convening of strategy meetings which brought together representatives of government ministries, NGOs, donors and other parties. These were followed, over a six-month period, by sectoral meetings to design specific programmes. After a penultimate meeting to review the draft documents, a final preview meeting cleared the draft project plans, which were then finalized by the Government.

Goals and objectives

40. The Government's ratification of the Convention an the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women provides Bangladesh with an enduring framework of policy goals for the survival, protection, development and participation of children and women. The long-term goal of providing all children and women in Bangladesh with their rights under these Conventions will guide programme implementation. The goals of the NPA are an important end-of-decade milestone for the progressive fulfillment of those rights.

41. The NPA goals for the year 2000, which serve as a reference for UNICEF cooperation, are (a) to reduce IMR from 84 to 50 per 1,000 live births; (b) to reduce U5MR from 144 (1993) to 70 per 1,000 live births; (c) to reduce MMR from 450 (1993) to 300 per 100,000 live births; (d) to sustain the virtual elimination of iodine deficiency disorders (IDD) and vitamin A deficiency; (e) to reduce severe and moderate malnutrition in children under five years of age from 68 (1993) to 38 per cent; (f) to sustain universal access to safe drinking water; (g) to increase sanitation coverage from 34 (1994) to 80 per cent; (h) to increase the primary school enrolment rate from 81 (1994) to 95 per cent and the completion rate from 44 to 70 per cent through formal and non-formal primary education of equivalent standards, while sustaining the virtual gender equity; (i) to increase the adult (15 years and older) literacy rate from 35 (1991) to 62 per cent, with female literacy rising from 26 (1991) to 62 per cent; and (j) to improve protection of children in especially difficult circumstances.

42. To help achieve the NPA goals, UNICEF will support the following country programme objectives:

(a) Expanding basic service coverage and promoting behavioural change in a phased manner to reach all 64 districts by 1999;

(b) Enhancing the capabilities of 30,000 health workers, 108,000 health outreach sites, 300,000 teachers and 60,000 schools, in addition to the establishment of 8,500 urban schools and 5,000 community centres in the

Chittagong Hill Tracts. From 1999 onwards, the number of direct beneficiaries per year of these interventions will include 12 million children under five years of age, 14 million children 6-10 years old, 170,000 tribal women, 2 million hard-core poor urban women, 500,000 high-risk pregnant women and 1.5 million urban children in especially difficult circumstances;

(c) Implementing innovative, small-scale projects to deal with emerging and important problems, mainly related to protection and participation rights. These will include efforts to address the issue of the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), to prevent child prostitution and trafficking, domestic violence and child abuse, as well as the articulation of children's concerns in family and community decision-making;

(d) Identifying further ways to make compliance with the Convention on the Rights of the Child more operational and sustainable.

Strategies

43. There are eight major cross-cutting strategies that will guide all programmes towards achieving the country programme objectives:

(a) Implementation of the Convention on the Rights of the Child is both an objective and a strategy to achieve the objectives of the country programme. Related advocacy will continue to grow in importance to create a national ethic for desirable action. A rights-based approach depends on the ability of country programme partners to disseminate messages on child rights and to reform existing laws;

(b) The accelerated district approach (ADA) is a strategy of decentralized programming that addresses disparities in services and well-being with reference to gender, ethnicity, geography and socio-economic status. ADA will help to universalize coverage, in a phased manner, of a package of selected health, nutrition, sanitation, primary education and family planning services by the year 2000. The impact of this process of universal district coverage will be assessed by using the DISIDE database at district and division levels where the population bases are large enough, for example, to evaluate the impact of basic services on child survival. Based on the experience in five districts during 1995, ADA should cover progressively all 64 districts in six divisions by the year 2000. While some districts progress more rapidly than others, all should achieve the NPA goals by the year 2000. ADA is also a means for adapting national programmes to reduce disparities and promote the rights of the underserved districts. ADA capitalizes on: (i) the current district-level planning approach taken by the Planning Commission; and (ii) the Government administrative reforms proposed for 1995, which include decentralization and devolution of authority. Supplementary funds are needed to increase the phased coverage of districts under ADA with strategic inputs of supplies, cash and technical assistance for health and nutrition, education and water supply and sanitation. The proportion of supplementary funds received from donors for those programmes will help to determine the number of districts reached and the extent of coverage;

(c) The convergent delivery of services through a single delivery point will increase cost-effectiveness, efficiency and impact. The Bangladesh school system offers a sustainable opportunity to reach over 85 per cent of primary-school-age children and their families with services, information and knowledge. Expanding the capacity of primary schools to promote child-family communications creates an opportunity to accelerate behavioural and attitudinal changes among children and their families, which is necessary for sustainable improvements in health, hygiene and nutrition;

(d) Advocacy for children will be central to the success of the country programme. All programme activities will require mobilizing support at all levels of society, from the élites to villages. Communication initiatives will disseminate the general messages of children's rights and needs and at the same time make people more aware of the specific services being provided. This strategy is a key element to community empowerment and to the creation of demand for services;

(e) The programme will collaborate more systematically with other development partners. UNICEF will refine its already close cooperation with bilateral and multilateral donors and United Nations agencies. At both national and subnational levels, the country programme will support efforts of other partners in the implementation of the NPA goals and of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. Especially important is more effective collaboration between government bodies and NGOs, both at national and subnational levels. NGOs are a source of innovations, albeit on a limited scale, which have the potential for expansion when collaboration with the Government is extensive, as in the cases of BRAC on basic education and the Grameen Bank on women's development;

(f) The increased ability and willingness of the people to demand and pay for basic social services and supplies is the basis of another strategy. Changes in individual and collective consumer behaviour, brought about by social marketing, mobilization, education and information, make it increasingly possible to broaden private sector participation to meet some basic needs, thus reducing the Government's burden to provide basic social services. In this context, consumers will help to increase their demands for and contributions to basic services and cost-sharing. Participation by beneficiaries would expand as a distinctive Bangladeshi expression of community empowerment;

(g) Strengthening and sustainability of capacities is vital, as programmes cannot be sustained indefinitely unless the capacities of both national and local governments and communities are increased. Building capacity involves the creation of government institutional systems that can thrive even with the turnover of individual civil servants, as well as the creation of such new capacities in the private and NGO sectors as research and development, product development, import substitution and socially innovative technologies. The programme of cooperation will promote a sense of social responsibility in the corporate sector which will be translated into concrete contributions to the achievement of the national goals for children;

(h) An eighth strategy will bring together the ingredients of rights, advocacy and capacity-building to empower societal groups, giving people the knowledge, skills and organizational capacity to follow through on concrete, practical felt needs. These could cover a range of problems such as community management of local primary education, positioning health agencies for and monitoring of such services as EPI and providing themselves with tube-wells and sanitary latrines. UNICEF assistance for the delivery of services or equipment will be matched simultaneously with systematic efforts to increase local capacities through innovative training and improved flows of information aimed at enhancing family and community opportunities, control and choice.

Communication

44. Communication will reinforce all programmes. Using communication methods to change the attitudes and behaviour of all people is the sine qua non for programme effectiveness. Innovative mass media and multi-media techniques will be used, especially through cooperation with local advertising agencies.

45. Facts for Life materials and children's media activities will be central to helping children learn about their own health and development needs. The successful "Meena" campaign will continue as an effective vehicle for reaching children with vital messages on the rights of girls and women. Systematic studies of attitudes and practices and audience reaction will help to refine existing communication techniques and develop innovative new ones.

46. The Progotir Pathey and the State of Bangladesh Children reports will document local initiatives, experiences and lessons. Journalists will continue to be trained in child-related topics, and efforts will be made to fill information gaps at all levels about the situation of and possibilities for children and women.

Education

47. Support to education will represent a major priority area in the new programme. Social mobilization, demand creation and the principles of the Convention on the Rights of the Child will be the central themes. Efforts will made to retain about 17 million students in school and to achieve the EFA goals for the year 2000. Key aspects of the education programme will include: implementing ADA to achieve greater impact; the convergence of services and resources at the school level; disparity reduction; the empowerment of students, teachers, parents and elected local bodies; and improving school quality. ADA will facilitate increasing the primary school enrolment rate from 81 to 95 per cent and the completion rate from 44 to 70 per cent by increasing the role of parents and communities in the planning, management and monitoring of school performance and learning achievement. This will be done by building capacity within the school management committee, which is the only legislated community-based group, in addition to parent-teacher associations, compulsory primary education committees and women's and youth organizations. Enrolment drives, parent-teacher surveillance of enrolment and attendance, tracking of the 6-year-old cohort and data-based monitoring will be supported as a means of bolstering government initiatives to decentralize the primary education system and to stimulate local-level participation.

48. Schools now offer children, their families and communities unique opportunity for learning. Schools and NFPE sites function as fixed centres for learning. Schoolteachers and others affiliated with schools (e.g., school management committee members) could serve as "change agents" and take education to the villages, thus accelerating behavioural and attitudinal changes in health and related areas and monitoring progress towards the country's goals. Furthermore, children, through child-to-child and child-to-parent activities, could carry health, nutrition and other relevant messages to the household level. Similarly, they could report back to the school on relevant health-related information about their families and neighbours. The primary education system, both formal and non-formal, could reach almost every household in the country on a regular basis.

49. UNICEF will continue to cooperate with the Division of Primary and Mass Education to promote the Government's unified approach to primary education, thus reducing the dichotomy between formal and non-formal education. As the Government alone cannot meet all the basic education needs of its children, collaboration with NGOs, the private sector, religious groups and others is vital. INFEP will be a key partner in the programme, as will a network of over 150 NGOs, including BRAC, GSS and Proshika. The programme will aim to make non-formal education an integral part of primary education planning at all levels.

50. Because a different kind of teaching and learning is needed, emphasis will be shifted away from rote memorization to address the multiple ways in which children learn. In addition to sound mastery of the "3Rs" (reading,

writing and arithmetic), children need new "life skills" to face the challenges of the next century. Improvements in curriculum development and teacher training and supervision will promote methods for measuring children's capacity to "learn how to learn". Children also will develop critical thinking and life skills related to building a democratic society, promoting respect for human rights and justice, appreciating diversity, tolerance, non-violence and conflict resolution and increasing self-esteem and creativity. Multi-media and multi-channel techniques will be investigated and developed to improve teacher training as well as classroom teaching.

51. Primary education services will address disparities, particularly based on gender. Efforts will include providing latrines and promoting hygiene education programmes in schools, recruiting female teachers, eliminating gender stereotypes from teaching and learning materials, sensitizing teachers to gender issues and increasing the participation of women in school planning and administration. Social mobilization and advocacy efforts will aim to involve the entire community in establishing a more "girl-friendly" educational environment.

52. Other groups will be targeted as part of the rights-based approach to education. As very poor urban children are especially disadvantaged, special efforts will be made to develop a more accurate understanding of their needs and motivations, with Government and NGO services to be developed and expanded accordingly. Approximately 1.5 million street children and working children living in urban slums will be provided with opportunities for education through over 8,000 schools and service centres. Measures also will be designed to remove working children from hazardous labour and to minimize the cost of their attending school. As a partner in a multi-donor consortium which is supporting the general education project, the BRAC NFPE programme and INFEP NFPE efforts, UNICEF will continue to contribute to providing supplies and support for NFPE classrooms.

Health and nutrition

53. Health and nutrition interventions will continue to focus on survival by targeting the poorest 20 per cent of the population and to address the continued high incidence of IMR, MMR and the main causes of under-five mortality - diarrhoea, pneumonia and malnutrition. Universal coverage of new interventions will build on the already high coverage of the immunization programme. Services related to child development and protection will include communication efforts to promote life skills at outreach service delivery sites and through child-to-child activities in schools. The private sector and NGOs will be crucial links to community-level care provisions. Special attention will be given to reaching the hard-core poor in urban areas and the Chittagong Hill Tracts.

54. The health services package will include improvement of the quality of services for maternal and child survival. The outreach package (through EPI outreach sites, and to a lesser extent, schools) will include immunization, vitamin A, growth monitoring and promotion, family planning, iron supplementation, counseling, antenatal and post-natal care, pneumonia and diarrhoea case management, provision of ORS, safe birth kits, contraceptives (provided by other donors) and demonstration sites for smokeless stove, sanitary latrines and tube-wells. Child-to-child approaches will be used to extend messages to siblings and other family members. At the household level, the health services package will include family planning information (and services aided by other donors), registration of pregnant women and newborns, exclusive breast-feeding, safe delivery, health education, disease surveillance and immunization campaigns. The convergent delivery of services will promote integration of training, logistic management, disease surveillance and

monitoring for personnel. Innovative projects will focus on double fortification of salt and cost-sharing.

55. Other strategic interventions include polio immunization for children up to five years of age, quarterly measles campaigns and ensuring a high level of vaccination with five doses of tetanus toxoid among females 14-45 year of age and school-going children, especially girls. In diarrhoea management, the focus will be on ensuring correct case management at the referral levels while maintaining the high ORT use rate. For ARI, especially pneumonia, the emphasis also will be on ensuring correct case management at the health-facility level and timely referral by caretakers. The programme also will focus on the correct use of antibiotics by front-line workers. Other selected interventions will include malaria control in the Chittagong Hill Tracts and dissemination of information on HIV/AIDS as part of a Facts For Life package. The nutrition programme will focus on selective food and nutrient supplementation and on the promotion of breast-feeding and mother and child nutrition. The IDD programme will continue to focus on monitoring of production and consumption, and the promotion of the exclusive use of iodated salt. At the household level, the primary care component of emergency obstetric care will include promotion of clean delivery and widespread knowledge about the early signs of complications and need for referral.

Water supply and sanitation

56. Building on widespread success in water supply efforts, the new programme will shift emphasis from service delivery to empowerment and behavioural change for improved sanitation and hygiene practices. Advocacy, social mobilization and communication will be used for outreach to communities, particularly women, and to involve them more fully in the programme. Emphasis will be given to enhancing sustainability, including capacity-building of government and private sectors. UNICEF will withdraw from (a) tube-well installation in high water-table areas, where large numbers of private suction tube-wells are being installed; (b) subsidizing the production of concrete latrine parts as the private and NGO sector are fast expanding; and (c) rehabilitating defunct water systems as the Government takes over this activity.

57. In the water supply sector, the programme focuses on disparity reduction, with major inputs in the underserved coastal belt, Chittagong Hill Tracts and stony areas and the expanding area with a low water-table. In the sanitation sector, priority will be given to reducing the high pathogen load of human excreta deposited every day in the public domain. A range of low-cost sanitary latrine technology, including "do-it-yourself" homemade latrines, will be promoted at family and community levels. Periodic mass deworming and provision of nail-clippers will complement the water supply, sanitation and hygiene package. The use of naturally composed human excreta as fertilizers in latrine pits will be promoted. The involvement and training of various partners such as the network of 45,000 schools, 14,000 NGOs, 4,500 union parishads (subdistricts), religious leaders and social clubs, plus over 40,000 field workers, will be central to the motivation of communities to change their behaviour. Most of the primary schools, the 2,500 health centres and the 108,000 EPI outreach centres will be provided with sanitary latrines, smokeless stoves and water facilities, which also will serve as demonstration units. A wider use of smokeless stoves should reduce the incidence of pneumonia and skin infections among children, as well as economize on use of fuel.

58. Greater emphasis will be given to the urban slum and fringe populations. Communities will be organized for more effective participation in the programme, which includes the promotion of self-financed family sanitary latrines to be funded by parents themselves, and community latrines to be operated on the "pay as you use" concept to generate maintenance funds. Other activities include the promotion of low-cost community water supplies, biogas plants and hygiene

education. The capacity of the over 100 municipalities (pourashavas) and the city corporations implementing the project will be enhanced through staff training. UNICEF assistance will be largely in the form of full-scale demonstration activities, innovations and system testing in such areas as rainwater collection. In the area of research and development, UNICEF assistance will address the decline of the groundwater table below the suction limit of tube-wells, as well as latrine designs, harvesting of rainwater from rooftops and other environment-friendly technologies.

Integrated basic services

59. The delivery of urban basic services will shift from a focus on slum improvement towards the universal provision of basic services, although the poor will continue to be the principal target population. However, the strengthening of local planning structures will be emphasized in order to strengthen effective coordination of services. UNICEF will assist the Government in establishing 1,000 urban service centres in four major metropolitan areas, where more than 50 per cent of the total 2 million very poor urban population live. A variety of services, especially those for such marginalized groups as women and children in especially difficult circumstances, will be delivered through the service centres, each of which will provide access to approximately 2,000 people. An estimated 600 children between 6 and 14 years of age will benefit from each centre.

60. Street children also will be served through 1,000 service centres. In addition to providing education for working children, UNICEF will address the needs of approximately 2 million children living in urban slum communities who have little or no access to primary education. According to a rapid assessment of child labour in Bangladesh, a significant number of those 2 million children are working. The ultimate objective is regulation and eventual elimination of child labour, although progress will be phased over a number of years. Partners in the effort range from the private sector to NGOs and various government ministries.

61. Children in conflict with the law and disabled children, as well as gender and development issues, will be addressed through strengthening the capacity of government agencies for policy planning and development. Activities related to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women also will be taken up under this project. For example, support will be provided for the development and implementation of a national children's policy and policies on childhood disability, juvenile justice and the establishment of a National Children's Council.

62. Issues related to disaster preparedness and response will be incorporated into all programmes. A project implemented with the Disaster Management Bureau, sister agencies in the United Nations system and other partners will strengthen community-level capacity to undertake actions for saving lives in disaster situations. Interventions also will be designed to protect property, minimize trauma, prevent the separation of children from their families and minimize effects on social and economic development processes. UNICEF will design a computerized disaster assessment and response system for use in Bangladesh and possibly elsewhere.

63. In the Chittagong Hill Tracts, efforts will cover most of the 1 million inhabitants in the three districts, nearly one half of them tribal groups. The goal is to achieve significant improvements in health, education and water supply and sanitation, thus reducing disparities. Consistent with the child and women's rights and accelerated district approaches, activities will respond to the needs of communities on the basis of participatory appraisals. Activities

will be planned and implemented by communities, based on use of the DISIDE system, and managed in a decentralized fashion.

64. The objective of continued UNICEF assistance to the Grameen Bank project will be to strengthen the socio-economic and environmental impacts of the activities of Bank members. Major objectives will be the enhancement of organizational and management skills, improvements in health and nutrition and education of members and their children, especially adolescent girls. Innovations in the development of environment-friendly technologies also will be promoted. With an emphasis on the rights-based approach, support will be provided for the adoption of credit programmes by such previously marginalized groups as people in the Chittagong Hill Tracts or in particularly disaster-prone areas.

Country programme evaluation plan

65. Five districts already have been chosen to undertake the ADA approach beginning in the latter half of 1994. This experience will be useful for the implementation of ADA in 15 districts in 1996. A major review will be undertaken towards the end of 1997 to make necessary mid-course corrections and changes in strategies and programme design. This will be supported by triennial review meetings between the Government and UNICEF. Annual work planning meetings in which donors and NGOs also will participate will help to enhance the planning and programming capacity essential to the success and sustainability of ADA. A set of indicators has been developed to monitor the processes that would lead to local capacity-building and empowerment. The over 5,000 field-trip days by UNICEF staff will be used not only to monitor those processes, but also to strengthen local planning and programming capacities by organizing training sessions on the use of DISIDE. Coverage indicators will be monitored annually through routine reports and the use of MIS.

66. The country programme as a whole is more than the sum of its parts. Progress in its implementation will be kept under constant review through special studies and evaluations and periodic internal and external audits. Given the present uncertainty about the future shape of the local government structure, the role and status of the district commissioner, the lack of consensus among technocrats and bureaucrats and the evaluation of the decentralization process, the 1997 programme review will focus particularly on those issues. The review also will provide an opportunity to realign UNICEF-assisted programme strategies with major social sector projects of donor consortiums working in Bangladesh.

Programme management

67. The proposed programme of cooperation is a part of the Government's development plan and national budget. JGUAG acts as the main coordinating mechanism for the programming and utilization of UNICEF assistance.

68. The implementation of ADA will require a close working relationship between the subnational bureaucracy and the UNICEF staff based in four divisional offices. Using MIS, a "challenge factor" has been developed that allows the classification of districts based on their level of progress towards achievement of goals and the development of infrastructure. Weaker districts require more support in terms of technical and financial inputs. The UNICEF division office staff will be redeployed and provided with the skills necessary to meet the challenge. Similarly, staff in the country office in Dhaka will be responsible for specific districts so as to encourage intersectoral linkages and to provide greater support to division office teams.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Bangladesh	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	122	(1993)	High U5MR
Infant mortality rate	94	(1993)	Very high IMR
GNP per capita	$ 220	(1992)	Low-income GNP
Total population	122.2 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	3222	4070	4394	4712
Infant deaths (under 1)	(thousands)	477	529	455	443
Under-five deaths	(thousands)	770	859	613	575
Under-five mortality rate (per 1,000 live births)		239	211	140	122
Infant mortality rate (under 1) (per 1,000 live births)		148	130	104	94

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1986/1992))	Moderate & severe	71 *	68 **
	Severe	31 *	25 **
Babies with low birth weight (%, 1983/1990)		47	50
Primary school children reaching grade 5 (%, 1980/1989)		20	47

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%)	..	..
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%, 1986/1992)	15 *	17 **
Prevalence of stunting (0-59 mos.) (%, 1986/1992)	68 *	64 **
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	80	88
Total goitre rate (1981)	11	..
Household expenditure (% of total income, 1980-1985)	All food/cereals ..	59 / 36

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1994)		51	61
Access to health services	Total	45	52
(% of population, 1985/1992)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	38	97
(% of population, 1980/1994)	Urban/rural	26 / 40	99 / 97
Access to adequate sanitation	Total	4	34
(% of population, 1980/1994)	Urban/rural	21 / 1	75 / 30
Births attended by trained personnel (%, 1988/1994)		5	10
Maternal mortality rate (per 100,000 live births, 1985/1992)		600	470

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	1	3	86	95
	DPT	1	2	62	74
	Polio	1	2	62	74
	Measles	1	3	..	71
Pregnant women (%) immunized against:	Tetanus	1	3	74	80

* Aged 6-59 months.
** Aged 6-71 months.

TABLE 1 (continued)

Bangladesh

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	58 / ..	77 / 69
	Male	72 / ..	83 / 74
	Female	43 / ..	71 / 64
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	17 / ..	19 / 17
	Male	25 / ..	25 / 22
	Female	9 / ..	12 / 11
Adult literacy rate, 15 years & older (%, 1981/1992)	Total	29	40
	Male/female	40 / 18	47 / 25
Radio/television sets (per 1,000 population, 1980/1991)		17 / 1	43 / 5

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	66671	88221	113684	122210	144265
Population aged 0-15 years	(thousands)	31658	43045	49854	52503	59142
Population aged 0-4 years	(thousands)	12195	15043	17445	18689	21277
Urban population (% of total)		7.6	11.3	16.4	18.4	22.9
Life expectancy at birth (years)	Total	44	48	52	53	56
	Male	45	48	52	53	56
	Female	43	47	52	53	56
Total fertility rate		7.0	6.4	4.9	4.7	4.2
Crude birth rate (per 1,000 population)		48	46	39	38	35
Crude death rate (per 1,000 population)		21	18	14	13	11

		About 1980	Most recent
Contraceptive prevalence rate (%, 1991)		..	40
Population annual growth rate (%, 1965-1980/1980-1993)	Total	2.8	2.5
	Urban	6.7	6.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1992)		-0.3	1.8
Inflation rate (%, 1970-1980/1980-1992)		21	9
Population in absolute poverty (%, 1977)	Urban/rural	86 / 86	.. / ..
Household income share (%, 1989)	Top 20%/bottom 40%	.. / ..	39 / 23
Government expenditure (% of total expenditure)	Health/education	.. / ..	5 / 11
	Defence	..	10
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	2 / 1
Official development assistance: (1981/1992)	$US millions	1096	1728
	As % of GNP	9	7
Debt service (% of goods and services exports, 1982/1992)		18	14

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1993-1995 a/

COUNTRY: BANGLADESH
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $52 800 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	5 031	7 372	734	384	204	380	3 133	4 374	9 102	17 631	12 510	30 414	21 612	48 045
Water supply and sanitation	370	4 592	366	272	278		437	6 318	1 451	4 395	11 182	24 427	12 633	28 822
Education	1 491	602	36		148		3 595	3 045	5 270	13 020	3 647	23 405	8 917	36 425
Urban basic services	64		155				1 997		2 216	2 865		660	2 216	3 525
Women-centred programme	43	1					715	47	758	1 950	48		806	1 950
Children in especially difficult circumstances	50		54				261		365	900			365	900
Information, advocacy and social mobilization	354		201	3	148		571	262	1 274	2 280	265		1 539	2 280
Planning, monitoring and evaluation	262		169				1 083		1 514	1 866			1 514	1 866
Programme support	260				498		3 999	227	4 757	5 193	227		4 984	5 193
Disaster preparedness	3	735	2				84	413	89	600	1 148	900	1 237	1 500
Area-based project										2 100		2 015		4 115
GRAND TOTAL	7 928	13 302	1 717	659	1 276	380	15 875	14 686	26 796 b/	52 800	29 027	81 821 c/	55 823	134 621

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.

b/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.

c/ Of this amount, $41 647 100 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1996 - 2000

(In thousands of United States dollars)

Country: BANGLADESH **Period covered: 1996 - 2000**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health and nutrition	GR	4 000	3 500	3 000	3 000	3 500	17 000
	NSF	4 000	9 500	13 000	17 000	11 500	55 000
Water supply and sanitation	GR	1 500	1 000	1 000	1 000	1 000	5 500
	NSF	5 500	6 000	7 500	7 000	4 000	30 000
Education	GR	5 000	5 500	6 000	5 000	5 000	26 500
	NSF	7 000	12 500	18 000	23 000	17 000	77 500
Monitoring, evaluation and research	GR	500	500	500	500	500	2 500
Advocacy and planning support	GR	1 000	1 000	1 000	1 000	1 000	5 000
Urban basic services	GR	1 500	1 500	1 500	1 500	2 000	8 000
Grameen bank	GR	500	500	500	500	500	2 500
Chittagong hill tracts	GR	1 000	1 500	1 500	2 000	1 500	7 500
Disaster preparedness	GR	1 000	1 000	1 000	1 000	1 000	5 000
Programme communications	GR	1 500	1 500	1 500	1 500	2 000	8 000
TOTAL	GR	17 500	17 500	17 500	17 000	18 000	87 500
	NSF	16 500	28 000	38 500	47 000	32 500	162 500
GRAND TOTAL		34 000	45 500	56 000	64 000	50 500	250 000

GR = General resources.
NSF = New programmes for supplementary funding.